



JAN. 14. 2005 12:59PM

LAW DEPT-ARMSTRONG 949 474 6330

NO. 6991 P. 2/3

## PART B - FEE(S) TRANSMITTAL

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/632.722	08/04/2000	Michèle Himmelspach	235.00	2874

TITLE OF INVENTION: FACTOR X ANALOG WITH AN IMPROVED ABILITY TO BE ACTIVATED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$0	\$1370 \$1700	01/21/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ROBINSON, HOPE A	1653	514-D12000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Townsend and Townsend  
and Crew LLP

XX

XX

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter Aktiengesellschaft

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vienna, Austria

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant: a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name Janice Guthrie, Ph.D.

Date

Registration No. 35,170

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-85 (Rev. 09/04) Approved for use through 04/30/2007.

OMB 0651-0033

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NO. 6991 P. 1/3

## Facsimile Cover Sheet

**To:** Mail Stop Issue Fee  
**Company:** USPTO  
**Phone:**  
**Fax:** (703) 746-4000

**From:** Debbie Johnson  
Legal Assistant

**Company:** Baxter Healthcare Corp.  
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Irvine, CA 92623-5210  
**Phone:** (949) 474-6430  
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**Date:** January 14, 2005

**Pages including this cover page:** 3

**Re:** Form PTOL-85, Part B – Fee Transmittal (in duplicate) for  
U.S. Serial No. 09/632,722 filed 08/04/2000  
Baxter Docket No. R-235.00

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By   
Debbie Johnson

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